The Robert T Wong MD Lectureship

Who could have predicted that on the day that war broke out in the Middle East, the annual Lectureship at the UH School of Medicine, followed by a gathering of Town & Gown for renewed convivial acquaintanceship and refreshments in the pleasant courtyard of the "Pagoda", took place?

Perhaps I should have said it the other way around: Who could have guessed that on the day we listened to an authority on the cutting edge of research in the treatment of dread cancer affecting the peoples of the world over, an atavistic way of resorting to war in order to settle a political issue was anything but dormant in this "advanced", modern, technologically sophisticated world of ours?

Is the human brain so saturated with trivia that the populace cannot now differentiate the good from the bad? The worthwhile from the nonsensical?

The steeply sloping auditorium of B-103 was peppered with a scattering of some 50 people when the last person came in. Dean Chris Gulbrandsen MD had approached the podium promptly at 4:00 PM, after escorting the speaker Hilary Koprowski MD and his wife to their front row seats in front of him, our venerable but still young Bob Wong following after. This was just a little over an hour after the allied coalition's warplanes had taken off from the airfields surrounding Iraq and Kuwait, to attack the latter's principal targets at 0400 in the dark of night where the Star of Bethlehem once shone.

Surely all in the sparse audience had been listening to their car radios as they drove up to park. What else, in a time of instant worldwide CNN news?

As I got out of my 13 y/o VW Rabbit plastered with anti-nuclear war stickers, a driver passing by headed for the exit, slowed to ask me if I had heard. On my affirmative, he shouted: "Aren't you going to the protest march at the State Capitol?" as he sped off. I wondered if all the would-be audience was fleeing as well; or were they glued to their radios instead in order to hear the brief words of our country's President due to come over the airwaves barely over an hour after the hostilities had started?

It took an understandably long while for Chris to introduce Dr Koprowski; the latter's credentials must have filled several pages. In brief, he is the Director of the Wistar Institute and Professor of Microbiology at the University of Pennsylvania, a world-renowned virologist and pioneer in developing monoclonal antibodies for the detection and treatment of cancer.

It was natural to expect a clone of Einstein to speak to us. He was so steeped in the complete knowledge of his particular subject — his topic was: *Clone to Clinic: Conceptual Approaches to the Immunotherapy of Cancer* — that the petty niceties of the use of the microphone and the microscopic printing of the tables in his slides projected on the huge screen escaped his attention. Still, we were able to follow — somewhat blindfolded — the development of his thesis. At least I, felt that at my level of a kindergartener, the professor in the clouds over my head revealed himself clearly but fleetingly, often enough to be followed. My mind would drift at times, not inappropriately, to what I had heard on the radio, as an outreach observer stationed in Baghdad described the passing of an F-16E in the clouds overhead, invisible except for his seeing/hearing the trailing screech and thunder; he couldn't tell which of his senses registered the impact.

Never mind the stupid war; let's listen for the prophetic knowledge that is opening the door to a cure for cancer !

My notes tell me: That Domagk, the inventor of Sulfanilamide (1932)*, injected himself with cancerous tissue extracts from cadavers in order to determine if an antigen would form — to no avail. He didn't die of cancer either; ironically, he died of a bacterial infection, the organism resistant to Sulfanilamide, no less!

Forty years of research, in which Koprowski participated, with inoculum finally resulted in 20% of response and development of a cancer antigen, working with a virus — the Vaccinia Melanoma lysate. Through a complicated method of cloning cancer antigens, a monoclonal antibody injected intravenously did result in a partial remission in the cancer patient, despite the fact that most of the patients were terminal and had had all the chemo- and radio-therapy prescribed previously.

Other data from the occasional patient who recovered from cancer revealed that even in the absence of all detectable metastases, the bone marrow will often harbor cancer cells. The serum of recovered patients may be cytotoxic to cancer cells, Koprowski postulated. A single infusion i.v. of the monoclonal anti-anti-antibody (Ab3) results in no cancer cells being found in the bone marrow. However, if a patient develops an antibody on his own, he fares better. The purpose of immunotherapy is to stimulate the patient's own formation of antibody.

In the laboratory, using material from viruses, bacteria and yeast organisms, the monoclonal antibodies are cultivated and treated step by step from Abl to Ab2 to Ab3, Ab3 being the same as the Abl that is made by a patient (what I didn't understand, or hear, or grasp, was that something takes 258 days or most of a year: is it the in-vitro, or what happens in the patient who recovers as a result of developing his own antibodies ?).

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Koprowski's conclusion is that he visualizes the development in the not too distant future of vaccines against cancers, as a result of the cloning process. Research needs to be done — it hasn't been done yet — on patients who have recovered from cancer, of which there are more than we realize. Interestingly, many of these antigens are common to several different cancers.

We were enjoying a brief respite from listening to the car radio for the latest, over-repetitive, speculative reporting by the multimedia. The respite was extended by staying and chatting with colleagues and with Bob.

We need to tell our readers that the Robert T Wong lectureship was funded originally by Mrs Jean Wong, nee Chow, now deceased, but survived by her husband Vernon Wong of Bethesda, Maryland, in honor of Bob Wong.

"The lectureship brings to Hawaii gifted individuals": Drs Gallo in 1985, Lansing in 1986, Rosenberg in 1987 and Broder in 1989, "who have made major contributions in medicine. The intent is to cross-fertilize research ideas and new medical findings for the betterment of people in the Pacific Basin and throughout Southeast Asia."

This is our own Bob Wong's baby; we hope it will continue because it does contribute to the betterment of our knowledge of medicine here in Hawaii. We also express a hope that by its continuance, Hawaii will be adding its very small voice for the evolution of peoples who can gradually become more civilized, to the extent that wars will be eliminated and peaceful pursuits prevail.

* We learned of a coincidence: in 1942, Bob Wong submitted his thesis toward the requirements for the degree of Master of Medical Science for graduate work in ophthalmology at the University of Pennsylvania. The title of his thesis was Chemotherapy in the Treatment of Gonorrheal Ophthalmia subtitled: Relative effectiveness of Sulfanilamide, Sulfapyridine and Sulfathiazole.

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J.I.Frederick Reppun MD,
Editor

What is AMA-ERF?

The American Medical Association-Education and Research Foundation is the major philanthropy of organized medicine. It was established over 40 years ago by the AMA to help assure quality medical education and to assist in research in the nation's medical schools. As the cost of medical education continues to increase and sources for funding dwindle, support from the medical community is vital to ensure that future physicians receive the best educational and research opportunities. To date more than $51 million in gifts have been distributed to medical schools through the Foundation.

A major factor in the success of AMA-ERF has been the involvement of the AMA Auxiliary, its state and component local auxiliaries. Through many different fund-raising efforts, such as the holiday sharing card (contributors listed on one greeting card mailed to all physicians in the community), dinners, raffles and sales of items, contributions to the Foundation have grown substantially. Through the AMA Auxiliary, yearly contributions have averaged over $1 million, and in 1990, reached $2 million.

Contributions to AMA-ERF can benefit the medical school of one's choice and can be designated to one of four funds. Donations to the Medical School Excellence Fund are unrestricted, which allows the medical school to use the money where it is needed most. The Medical Students' Assistance Fund helps students pay educational costs either through loans, grants or scholarships. The Development Fund supports pilot and experimental health and medical programs. The Categorical Fund supports research in specific areas.

Why give to AMA-ERF rather than donate directly to a chosen medical school?

Giving through AMA-ERF maximizes individual contributions. The contributions of many donors combined are significant sums that make a difference to the medical school. Larger sums of money are generated when the medical auxiliaries are involved because of promoting fund-raisers, as well as the personal contact Auxilians make with potential donors.

The Auxiliaries also establish personal contact with deans of medical schools to ensure accountability for the contributions. Greater awareness is promoted by the Auxiliaries for the need for quality medical education. When physicians and their spouses combine their efforts to raise funds for medical schools, they demonstrate the support of the entire medical community.

If physicians are already making contributions directly to the medical schools of their choice, these can be designated "Special Handling" when made through AMA-ERF.

For information on making contributions through AMA-ERF, contact AMAA National Committee member or Hawaii ERF-Chairman Edith Don (Dr. Andrew Don), 21 Alokele Place, Pukalani, Maui, Hawaii 96768, Ph. 572-1107.

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